PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-04

DOCUMENT # P99000040399

1. Corporation Name

SEBASTIEN GROSJEAN, INC.

2. Principal Office Address	3. Mailing Office Address
5060 POINT EMERALD LANE	5060 POINT EMERALD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33486 Country: USA	Zip: 33486 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/30/1999

5. FEI Number: 65-0324384 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MULLIN, JAMES G.

Street Address (P.O. Box Number is Not Acceptable): 500 N.E. 5TH AVENUE

REINSTATEMENT

400036515814
05/17/04--01060--012 **100.00

Suite, Apt. #, Etc.: 2-B

City: DELRAY BEACH State: FL Zip Code: 33483

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 4.28.04
REGISTERED AGENT MUST SIGN

CR2D81 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GROSJEAN, SEBASTIEN	5060 POINT EMERALD LANE	BOCA RATON, FL 33486
D	GROSJEAN, MARIE-PIERRE	5060 POINT EMERALD LANE	BOCA RATON, FL 33486
D	Mullin, James	500 NE 5th Ave 2B	Delray Beach FL 33483

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ J Mullin Director 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6